

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 1a.—For State Registrar Only

County of Troutman

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

26316

Township of Troutman

Registration District No. 4008

Registered No. 219
(For use of Local Registrar)

Inc. Town of

St. Ward)

City of Troutman

No. R. F. D. 1

(If birth occurs in hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Madison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet no (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH July 3, 1929

(8) FATHER. FULL NAME N. J. Hood

MOTHER. Nettie Thomas

(9) PRESENT POSTOFFICE OF FATHER Troutman, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Troutman, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE Glendale, S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION House-wife

(20) Number of children born to mother, including present birth 5

(21) Number of children of the mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) N. J. Hood (24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Troutman, S.C.

(Given name added from a supplemental report) 4/2/1929

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Mrs. C. F. Parker
(27) Filed Aug 11, 1929 (28) Mrs. C. F. Parker Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 8th month of pregnancy.